

Psychology Doctoral Internship Training Program



Boise VA Medical Center

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APPIC Match Numbers:

General Program: 216611

Neuropsychology Track: 216612

Applications Due: November 14, 2016

Accreditation Status

The doctoral internship at the Boise VA Medical Center is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). The next site visit will occur in 2020. Questions related to the program's accreditation status should be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979; E-mail: apaaccred@apa.org; Web: www.apa.org/ed/accreditation.

Boise VAMC Training and Psychology Service

The Boise VAMC has a long history and tradition of providing training to medical and associated health professions. During the 2015-2016 academic year, the Medical Education Programs provided training to medical students, physician assistant students, internal medicine residents, and family practice residents. Additionally, the medical center's educational activities extend to more than 400 associated health professions in fields such as pharmacy, nursing, physical therapy, social work, and respiratory therapy.

In recognition of the excellence in training and interdisciplinary care, VA Headquarters (Office of Academic Affiliations) selected the Boise VAMC as a Center of Excellence in Primary Care Education in 2011. This Office of Academic Affiliation (OAA) grant is intended to foster the transformation of clinical education by preparing health profession graduates to work in patient-centered interprofessional teams that provide coordinated longitudinal care. Specific to the internship, this grant provides potential opportunities for psychology trainees, pharmacy residents, nurse practitioner residents, and internal medicine residents to collaborate in a patient-centered medical home (i.e., combined curriculum, scholarly inquiry, and clinical care). For more information on the Boise VAMC Center of Excellence and specific training programs please go to http://www.va.gov/oaa/archive/coe_handout.pdf or www.boise.va.gov.

Within Behavioral Health, the Associate Chief of Staff for Behavioral Health (ACOS/BH) oversees a multidisciplinary Behavioral Health Service (BHS) leadership team comprised of Psychiatry, Social Work, Nursing, and Psychology, who in turn supervise over 100 total BHS staff members. Dr. Beth Fassig serves as the Chief of Psychology and Psychology Service is comprised of doctoral level psychologists, master's level counselors, a neuropsychology psychometrician, and administrative assistants. Additionally, Boise VAMC Psychologists are involved in BHS and Medical Center leadership and act as members and consultants to numerous interprofessional treatment teams. The Psychology staff currently holds leadership roles in the PTSD Clinical Team (PCT), Neuropsychology Team, Polytrauma Team, Compensated Work Therapy (CWT), Integrated Care Team (ICT), Home Based Primary Care (HBPC), Compensation and Pension (C&P), Substance Abuse, Telehealth, Education, and Outpatient BHS. Five Boise VAMC Psychologists hold clinical faculty positions at the University of Washington and provide training to medical and psychiatry residents.

Populations Served

The Boise VAMC serves primarily rural Veterans, with 50% of Veterans served residing in rural or highly rural areas. Overall, the facility serves more than 35,000 urban, rural, and highly rural Veterans annually. The Boise facility also supports two rural Community Based Outreach Clinics (CBOCs) in Twin Falls (3,104 Veterans) and Caldwell (4,352 Veterans), as well as three highly rural outreach clinics in Salmon, Mountain Home and Burns (OR).

Boise BHS provides care to approximately 6,300 Veterans a year. Primary diagnoses include Depression/Mood Disorders, PTSD /Anxiety Disorder, Substance Use Disorders, with the remaining (primary) diagnoses including Psychotic Disorders, Adjustment Disorders, Personality Disorders, and Psychological Factors Affecting Medical Conditions. Of the BHS-served Veterans who provide ethnicity/race information, 98% identify themselves as "Not Hispanic or Latino". Approximately 91% of the total number identified their "race" as "White/Caucasian", with the remaining 9% identifying their "race" as Native American, Alaska Native, Asian American, Black or African American, and Native Hawaiian or Pacific Islander. Twenty-one percent of Veterans served in BHS are women. The service era breakdown for all Veterans served include World War II (8.8%), Korea (6.7%), Vietnam Era (36%), Desert Storm (17.5%), OIF/OEF/OND (7.5%), and all other periods (23.5%). The age breakdown for all Veterans served in BHS is as follows: < 25 (3%), 25-34 (16%), 35-44, (13%), 45-54 (17%), 55-64 (26%) 65-74 (19%), 75-84 (4%), and 85+ (2%). Due to the overall economic climate in Idaho (i.e., approximately 14% of residents in Idaho live below the poverty line), many of the Veterans treated within behavioral health have limited financial resources.

Stipends and Benefits

Salary: \$24,014

Fringe benefits: health insurance, life insurance, federal holidays (10), vacation (13 days), sick leave (13 days), dissertation release time, intern retreat time, and professional development time

Application & Selection Procedures

The application and selection process has been designed to be in accordance with the policies and procedures developed by the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC), including participation in the [Match](#). This internship fully abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Additionally, our training program is committed to creating a supportive learning environment for individuals of diverse backgrounds, and as a federal agency, we abide by the U.S. government EEO and Reasonable Accommodation policies.

The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if selected for this internship and fit the above criteria, you will have to sign the above noted statement. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. The VA conducts drug screening exams on randomly selected personnel, as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection. Acceptance to this program is contingent upon a routine physical examination and a background security check.

In order to apply and be considered for ranking, applicants must be U.S. citizens who are pursuing a doctoral degree in clinical or counseling psychology from a CPA or APA-accredited program and have 1,000 or more total practicum hours, with a minimum of 350 direct intervention hours and a minimum of 100 direct assessment hours of supervised graduate level pre-internship practicum experience. Additionally, applicants must have completed their comprehensive exams and proposed their dissertation prior to applying.

The selection committee reviews applications and invites those trainees who appear to match with the mission of the VA, local facility, and Boise Psychology Training Program for interviews. In person interviews are strongly encouraged but not required for ranking. In person interviews include a full day of informational sessions, facility tour, and individual interviews (8:30 a.m. - 4:00 p.m.).

Interview preference goes to trainees interested in receiving a generalist, rural, interprofessional experience consistent with the Scientist-Practitioner model. Additionally, we are committed to ensuring a range of diversity among our training classes with respect to Veteran status, members of historically underrepresented groups, sexual orientation, and disability status. All things being equal, consideration is given to applicants who identify themselves as Veterans or members of historically underrepresented groups. Consideration for the neuropsychology track requires training courses and experiences consistent with the goal of applying for a postdoctoral fellowship in neuropsychology.

To apply, submit the following materials electronically through the [online APPIC Application for Psychology Internships](#):

- [APPIC Application for Psychology Internships](#)
- Detailed curriculum vitae describing background, training, experience, and scholarly activity/research
- Three letters of recommendation

Match Numbers:

General Track: 216611

Neuropsychology Track: 216612

*Applicants may only apply for the general or neuropsychology track. Applicants applying to the neuropsychology track must have a plan to apply for a postdoctoral fellowship in neuropsychology (see neuropsychology track on page 8)

Important Deadlines

Application Deadline: November 14, 2016

Interview Notification Deadline: December 14, 2016

Interviews: January 6, 13, & 20, 2017

Training Model and Program Philosophy

The Boise Psychology Internship Program is based on the Scientist-Practitioner model and is committed to training professional psychologists in applying current scientific research in the practice of psychology, with a particular focus on preparing psychologists for integrated and rural health care practice. The Clinical Training Committee's (CTC) goal is to train future clinicians to inform their practices with extant scientific research, as well as to develop their abilities to think critically in addressing areas in which clinical research is limited. We encourage trainees to become both consumers and participants in research. We also believe that psychologists should be well rounded generalists, as they receive training with a variety of identifiable populations (i.e., rural, women, and ethnically and geographically diverse groups) and a range of problems. We believe that the training process should be developmental, in that interns start out fairly dependent with regard to supervision and move toward independence in their overall ability to integrate skills and provide care in an effective manner.

Program Goals and Objectives

Consistent with the overarching training mission, goals, and objectives, the CTC has identified objective competencies designed to monitor progress across rotations and throughout the internship year. These competencies were developed with the goal of being sequential, cumulative, and graded in complexity, while also identifying the minimum level of successful achievement necessary to meet the overall goals and objectives for each rotation and intern year. That is, interns follow a professional developmental process, in which they move from close supervision and instruction to relatively independent functioning over the course of each rotation and the internship year, assuming increasing levels of professional responsibility. It is expected that interns demonstrate substantial gains during the training year in the identified competencies as they receive clinical supervision and ongoing feedback regarding their progress.

The identified competencies of the internship are as follows:

1) Professionalism- Interns will demonstrate sound professional judgment, professional values and ethics (including integrity, professional conduct, accountability, concern for the welfare of others), and will strive to develop a professional identity.

2) Assessment- Interns will be able to competently assess patients with a broad variety of problems, utilizing a variety of psychometrically validated instruments and evaluation methods. Selection and use of assessment tools should be appropriate to the clinical needs of the patient, taking into consideration relevant demographic and cultural influences and the clinical setting, and should be responsive to the referral needs of other professionals. Interns should be able to, in both verbal and written form, conceptualize and clearly communicate their assessment findings and recommendations to other professionals, patients, and (as appropriate) patient families.

3) Intervention- Interns will demonstrate the ability to effectively work with diverse populations and provide appropriate interventions in response to a range of presenting problems and treatment concerns. Interns should demonstrate competent psychotherapy skills in a variety of modalities (including, but not limited to, group, individual, and crisis intervention/risk assessment).

4.) Professional relationships and receptivity to feedback- Interns will demonstrate effective interpersonal functioning with peers, colleagues from other disciplines, and support staff. Interns should be receptive to feedback received from supervisors, peers, other professional colleagues, and patients. They should be able to examine feedback objectively and respond with appropriate behavior changes. Interns should also show the ability to self-monitor, and to change their behavior in response to experience.

5.) Awareness of ethical and legal issues- Interns will demonstrate knowledge of ethical and legal principles bearing on psychological practice, and will show an awareness of these principles in their daily practice.

6.) Awareness of cultural issues- Interns will demonstrate an awareness of, sensitivity to, and skill in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics.

7.) Reflective practice/Self-assessment- Interns will be able to accurately recognize their strengths and limitations. They should practice within their capabilities, and recognize when to seek supervision, consultation, or training in response to clinical situations beyond their capabilities. They should demonstrate a commitment to continued self-education and to their continuing growth as a professional.

8.) Scientific knowledge and methods- Interns will demonstrate the ability to understand research and research methodology. Interns should be able to critically evaluate and properly apply scientifically derived knowledge, including biological bases of behavior, cognitive-affective bases of behavior, and lifespan human development.

9.) Consultation/Supervision- Interns will provide useful and effective consultation services to other professionals, as well as provide guidance or professional assistance to trainees/supervisees. Interns should develop the ability to interact collaboratively within interdisciplinary systems, including a general understanding of key concepts and issues related to these interactions and the ability to translate psychological principles and findings to professionals from different disciplines.

Program Structure

This doctoral internship program includes four, 12-month full-time internship positions, each of which is divided into three, 4-month rotations. A staff psychologist will be assigned to act as a preceptor for the intern; this person provides direction throughout the internship year, including guidance in professional development and planning for post internship. With the support of their preceptor, interns identify training interests and the preceptor makes recommendations to the CTC based on these interests. Rotations are

designed and assigned based upon the preceptor's recommendations; intern strengths, interests, and career/professional goals; as well as experiences they may not have received in their graduate training.

Interns have the opportunity to have emphasis areas within their training year to prepare them for further specialized training programs (i.e., postdoctoral fellowship); see **Emphasis Areas** below. Additionally, throughout the year, ancillary training opportunities become available and interns are encouraged to participate in these activities (i.e., Vet Center Tour, OIF/OEF Yellow Ribbon Events, and Welcome Home activities).

Interns are expected to commit a minimum of 40 hours a week to the internship experience. For the Rural Health/Geropsychology rotation, interns spend approximately 50% of their clinical time in a rural Community Based Outpatient Clinic (CBOC) and 50% of their time on the main Boise campus. Trainees are required to travel as part of the Rural Health/Geropsychology rotation. All other rotations take place on the main campus, located in Boise, Idaho. Interns will receive at least four hours (3.0 hours of individual; 1.0 hours group) of supervision a week. It is expected that each intern attend all scheduled didactic presentations, individual/group supervision, journal club, case conferences and CE presentations, and actively engage in the training rotations. In addition, interns are encouraged to participate in educational training opportunities, including medical Grand Rounds, Behavioral Medicine Journal Club, Primary Care Seminars, and online educational opportunities.

Method and Frequency of Evaluation

The Boise Psychology Internship Training Program employs a multidimensional approach to program evaluation, using both internal and external outcome measures. Interns receive ongoing feedback regarding performance and progress. Additionally, each rotation clinical supervisor completes formal, written evaluations of the intern's performance at the midpoint and end of the rotation. At the end of each rotation, interns complete an evaluation of the quality of their supervisor(s) and rotation. Interns complete an evaluation of their group supervisor(s) and weekly didactic presentations. Throughout the year, interns are encouraged to complete OAA surveys (i.e., Learners Perception Survey) and, at year's end, complete an evaluation of the program/site and participate in an exit interview with the Director of Training. Finally, alumni of the internship program will be asked to complete an evaluation of the program seven years after they complete their internship year, with ongoing alumni surveys every two to five years. Informal, ongoing verbal feedback is solicited from interns and supervisors throughout each rotation, with necessary adjustments made in accordance with feedback received. All of the formal evaluation procedures have been selected with the goal of obtaining internal/external and qualitative/quantitative data. This feedback is used by the CTC to determine the effectiveness of the program in meeting the mission and goals of the VA, facility, training program, and learner.

Overall, the program sustains an "evaluation-rich" learning environment in which supervisors and learners habitually reflect upon themselves, and in which they exchange feedback in an on-going, supportive and validating manner. Evaluation, when practiced well, should involve dispassionate critique aimed to improve the performance of interns and the program itself, rather than criticism, which interferes with accurate self-reflection, impairs relationships between learners and teachers, and impedes progress.

It is always expected that supervisors would have previously identified and discussed with the intern any concerns that are registered in a summative evaluation. That is, concerns should not be raised for the first time in a written summative evaluation, but will have been raised earlier during on-going formative evaluation, such that the intern has numerous early opportunities to correct her/his performance. Similarly, concerns with a supervisor or supervision should not be raised for the first time in a written summative evaluation. Faculty meet routinely to discuss intern progress, for the purpose of identifying additional supports and resources that may assist interns in attaining the program competencies, and likewise keep the Training Director regularly informed of progress.

Training Experiences

Interns receive the majority of their training within the context of clinical rotations and direct patient care (typically 12-15 hours per week of direct patient care). More specifically, interns receive instruction and supervision in clinical interviewing skills; case conceptualization and integration of multiple sources of

patient information; establishing and maintaining a therapeutic alliance; establishing and monitoring therapy goals; establishing evidence-based interventions with process and outcome measurements; providing effective and flexible applications of therapy interventions; using research and educational materials to guide clinical practice; maintaining an awareness of counter-transferential and other personal issues affecting therapy, including setting therapeutic boundaries; managing of and following-up on patient crises; planning for and implementing constructive therapy termination; facilitating group therapy; and working with therapy process in individual and group work. In addition, the interns have involvement in comprehensive evaluations, including training in neuropsychological, psychological and personality assessment. Psychology interns also receive training in selected VA-recognized Empirically Based Psychotherapies from the numerous consultants and certified providers at the facility, as well as formalized training/supervision in other empirically supported interventions (i.e., Seeking Safety, Motivational Interviewing, and Dialectical Behavioral Therapy).

Rotations

- Rural Health/Geropsychology (Caldwell CBOC)
- Primary Care-Mental Health Integration (PC-MHI)
- PTSD
- Neuropsychology
- General Behavioral Health
- Substance Use Disorders (SUD)

Rotation Descriptions

Rural Health/Geropsychology: The Rural Health rotation is designed to address the mental health care needs of the vast population of rural and highly rural Veterans residing within the Boise VAMC catchment area. With this goal in mind, trainees provide direct care at the Caldwell Community Based Outreach Clinic (CBOC), located approximately 28 miles from the main BVAMC campus. Interns on this rotation serve as a liaison to the Caldwell CBOC, which provides a full range of services to rural and highly rural Veterans. These services include primary care, optometry, tele-dermatology and phlebotomy, among others. Trainees work within the CBOC to provide individual and group psychotherapy, assessment, and consultation within a multidisciplinary team. Assessment is a major component of this rotation. Interns on the rural health rotation may also choose a half-day experience from the options below:

1. Home Based Primary Care (HBPC)

The HBPC team provides comprehensive, interdisciplinary primary care services in the primarily rural homes of Veterans with complex and chronic disabling diseases. Serving on an interdisciplinary team, the HBPC intern provides mental health prevention, assessment, and treatment services to the Veteran and the Veteran's family. Interns gain essential skills in psychological consultation with primary care professionals within and outside of the HBPC.

2. Telehealth

The specialty telemental health team provides comprehensive, mental health services to Veterans in rural areas who cannot easily access a VA clinic, or to rural VA clinics within VISN 20 who have limited mental health resources. The specialty telemental health team provides mental health assessment and empirically based interventions for a variety of presenting problems (e.g., PTSD, chronic pain, substance use, depression, anxiety). Telehealth opportunities also exist within other teams, such as PTSD Clinical Team and BHIP teams. Interns also have the opportunity to consult with providers at other VA clinics, and learn the unique skills of TMH delivery in the home. Interns will gain essential skills in utilizing telehealth equipment, modifying treatments to accommodate a telehealth modality, and will gain comfort with developing therapeutic rapport via telehealth.

3. Inpatient Psychiatry

Interns will spend approximately half a day focused on consultation, psychological assessment, individual and group interventions for Veterans with acute psychosis, risk for self-harm, neurocognitive disorders, and other acute psychiatric conditions within the Inpatient Psychiatric Unit. Within the inpatient psychiatry unit, interns function as part of interdisciplinary teams that promote stabilization, recovery and wellness for Veterans on the unit. Interns attend interprofessional unit meetings such as Morning Report and Treatment Team Meetings, and they participate in team and family meetings with the Veteran and co-lead inpatient groups, as assigned. A focus of this experience is learning to assess and treat Veterans from a Recovery perspective and developing a deeper understanding of the Recovery approach to working with Veterans with acute and serious mental illness.

Primary Care-Mental Health Integration: The Primary Care-Mental Health Integration rotation is designed to train doctoral psychology interns to work collaboratively with primary care teams to provide same-day behavioral health services and consultation for their patients. Psychology interns will work with Veterans and their care team to address psychological issues and accompanying health behaviors that can undermine their overall health. Interns will provide assessment, treatment disposition, and brief psychotherapy for a wide range of presenting problems, including difficulty with management of chronic health conditions, depression, anxiety, insomnia, diabetes, cognitive difficulties, and substance misuse. Opportunities also exist to co-facilitate psychoeducation groups, conduct crisis evaluations, and perform specialty medical evaluations for bariatric surgery, Hepatitis C, and organ transplants.

Another component of the Primary Care-Mental Health Integration rotation is engagement with the **Boise VAMC Center of Excellence (CoE) in Primary Care Education**. One of seven such Centers of Excellence within the Veterans Health Administration, the CoE provides a curriculum and collaborative clinical experience to an interprofessional team of learners that include internal medicine residents, pharmacy residents, nursing and advance practice nursing residents, and psychology postdoctoral fellows. Psychology interns will participate in a sampling of CoE offerings, including interprofessional didactics and case conferences, and may also receive exposure to planning and facilitating shared medical appointments.

Posttraumatic Stress Disorder Clinical Team (PCT): The Boise VA Medical Center offers specialty PTSD outpatient and residential treatment via the PCT. Interns play an active role on the team and will be assigned duties depending on their level of experience. As such, interns typically start by becoming familiar with screening (i.e., PCL-5) and more extensive assessment measures (i.e., CAPS-5, TSI-2, etc.) specific to PTSD. They also will learn how to educate patients about their symptoms and teach techniques to manage symptoms via individual and group therapy. Interns also will have the opportunity to receive specialized training in EBPs for PTSD, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). Depending on their level of training upon entering the program, interns may first observe these EBPs being facilitated by their supervisor and then administer them to assigned patients. CPT is facilitated in both the outpatient and residential programs, and interns will be able to assist with these groups. Interns will be expected to carry a caseload in both the outpatient and residential programs. They will provide care for patients in the residential program from admission to discharge and follow cases post-discharge, as needed. The residential program provides trauma-focused group and individual therapies. It also offers supplemental care that will provide interns experience in addressing other residential needs (i.e., housing, unemployment, chronic pain, interpersonal difficulties, substance abuse/dependence, etc.).

Neuropsychology: Interns on the Neuropsychology rotation focus on the foundations of neuropsychology and neuroanatomy and the application of neuropsychological assessment in the care of Veterans. Interns complete comprehensive outpatient assessments and treatment of patients with neurologic, medical, and psychiatric illness. Interns are expected to develop competence in the administration, scoring, and interpretation of neuropsychological and psychological tests. Interns participate in review/clarification of referrals, medical record review, clinical interview, and report writing.

They assist medical staff in differential diagnosis and provide appropriate and useful feedback to patients seen in the neuropsychological assessment clinic.

General Behavioral Health: Trainees on the General BH rotation provide assessment and psychotherapy (i.e., individual, couples, family, and group therapy) to Veterans referred to the Behavioral Health Service Interdisciplinary Program (BHIP). BHIP is an interdisciplinary team, whose members work together to focus on the Veteran's mental health and well-being. Intern responsibilities may include initial evaluations, treatment planning, psychological/cognitive assessment, psychological consultation, family education, and case management. Interns receive training and supervision in psychotherapy with a broad range of disorders, including Depressive, Bipolar, Schizophrenia, Schizoaffective, Anxiety (Panic, PTSD, Phobic, Generalized), Pain-Related, Substance Use, and Personality Disorders (and combinations thereof).

Substance Use Disorders (SUD): The SUD treatment rotation offers interns experiences in both residential and outpatient treatment settings. Within the residential setting, interns will have opportunities for case management, treatment planning, group therapy, individual therapy, and interdisciplinary consultation. Interns will provide care for patients in the program from admission to discharge and follow cases post-discharge, as needed. Within the outpatient settings, interns will provide individual therapy and group sessions. Often, individual sessions will occur with Veterans who have completed the residential program and need ongoing SUD treatment to maintain sobriety; however, some Veterans who receive outpatient care will be new to SUD treatment. Treatment in both residential and outpatient settings may include family sessions, as needed. Within the SUD treatment rotation, interns can expect to see Veterans with co-occurring disorders and will often be working with Veterans with trauma histories.

***Emphasis Areas:** Interns have the opportunity to have emphasis areas within their training year to prepare them for further specialized training programs (i.e., postdoctoral fellowships). Emphasis areas may include PTSD, Pain Management, Primary Care-Mental Health Integration, Substance Use Disorders, Telehealth, Geropsychology, or others (as available). Interns participating in emphasis areas will have additional opportunities to participate in trainings and didactics in their area of emphasis throughout the year, and may have supplemental responsibilities and expectations.

Neuropsychology Track (APPIC #216612; 1 position): For those trainees interested in gaining additional training in neuropsychology and who anticipate participating in a 2-year Neuropsychology specialty fellowship, there is opportunity to apply to the Neuropsychology Track. Interns matched to this track will participate in training and didactic experiences throughout the year to meet the Houston Conference Guidelines on Specialty Education and Training in Clinical Neuropsychology (1998). The intern will participate in the Neuropsychology rotation as well as two other rotations of their choice, while continuing to conduct one neuropsychological evaluation each week throughout the year. There may be opportunities to be involved in the weekly interprofessional Memory Clinic. The intern will participate in bimonthly Neuropsychology didactics with Drs. Champion, Dyer, and Sordahl that include supplemental readings (e.g., journal articles and book chapters), case presentations, and advanced training in neuropsychology and neuroanatomy. As available, the intern will have opportunities to co-lead cognitive rehabilitation groups and present neuropsychology trainings to Behavioral Health.

Seminars and Additional Training Experiences

Interns are required to attend weekly seminar presentations, which include discussions of various topics related to clinical and professional development. Interns may also be assigned rotation-specific articles to promote the implementation of theory, research, and critical thought in their formulations of patients' behavior and symptoms. Participation in Psychiatry Grand Rounds, Journal Club and Interdisciplinary Case Conference is also required. In addition to didactics offered by the medical center, interns are encouraged to attend Behavioral Health Service meetings, presentations, and seminars. Interns also have opportunities to attend monthly psychology CE trainings, Behavioral Medicine didactics, Behavioral Medicine Journal Club, and neuropsychology seminars. Finally, interns are required to demonstrate their knowledge through formal presentations, including case, research, and assessment presentations.

Interns receive up to four hours for research and/or dissertation research per week, and several of the staff are available for consultation or participation in all phases of dissertation and research. As a part of our commitment to training interns to be consumers of and participants in clinical research, interns will be provided with various optional research/scholarly inquiry opportunities through the Center of Excellence. Interns may participate in ongoing research projects or may conduct their own IRB approved research under staff supervision. Finally, interns will lead/co-lead at least one group during the training year. There are various opportunities across rotations (e.g., ACT, pain management, Seeking Safety), including the potential to develop a group.

Requirements for Completion of Doctoral Internship

Program completion requires 2080 hours of internship training activities under clinical supervision (four hours weekly). Performance evaluation of and feedback to interns by clinical supervisors and other internship faculty is continuous; however, more formal evaluations are completed at the end of each rotation (see Method and Frequency of Evaluation). Maintaining good standing in completing the internship requires satisfactory ratings in the clinical competencies (see Program Goals and Objectives).

Facility and Training Resources

Psychology interns have assigned office space in the main BHS buildings and share clinical space with psychiatry, social work, nursing, and recreational therapy interns. Additionally, trainees have temporary private offices for specific rotations, many of which are co-located in primary care. Each intern has administrative and program support for training and consultation with electronic medical record management, telemental health, clinical applications, data management related to clinical workload, and program and facility performance improvement programs. Teleconferencing technologies are available to support seminars, clinical case conferences, and other trainings as well as clinical applications. Interns have computers available in their private and temporary offices and online access to journals, library support, and SPSS. In addition to over 10 BHS support staff, there is a designated Psychology Secretary (1.0 FTE) and a Neuropsychology psychometrician and a statistician (1.5 FTE) committed to the support of the Psychology Training Program.

Administrative Policies and Procedures

The policy of the Psychology Internship Program on Authorized Leave is consistent with the national standard. Applicants are welcome to discuss this policy with the Director of Training.

Due Process: All Interns are afforded the right to due process in matters of problem behavior and grievances. A due process document is distributed to and reviewed with all interns during their first week of orientation at the Boise VAMC. A copy of the due process policy is also available on the Boise Psychology Sharepoint site.

Privacy policy: The program does not collect personal information from potential applicants who visit the program website.

Self-Disclosure: This program does not require interns to disclose personal information to their clinical supervisors, except in cases where personal issues may be adversely affecting the intern's performance and such information is necessary in order to address these difficulties.

Training Staff

Mark Bondeson, Psy.D., Associate Chief of Staff- Behavioral Health: Dr. Bondeson received his Psy.D. in Clinical Psychology from the Illinois School of Professional Psychology in 1993 and completed his doctoral internship at the Cleveland, Louis Stokes VAMC. Dr. Bondeson's clinical interest and expertise is in substance use disorders (SUD). He has 18 years of experience in the SUD field both as a clinician and as an administrator. In 1994 he developed and implemented the first intensive outpatient treatment program at the Cleveland VAMC and used outcome data from this program to justify restructuring SUD care at the Cleveland VA to a more outpatient focus. Under Dr. Bondeson's leadership, the Cleveland SUD programs were awarded two Clinical Center of Excellence Awards (in the late 1990s

and early 2000s). Dr. Bondeson also served as a trustee on the Drug and Alcohol Addiction Services board of Cuyahoga County from 1999 until 2007, serving as Board Vice-President from 2002-2004 and as Board President from 2004-2007. As the Associate Chief of Staff /Behavioral Health at the Boise VA (since 2009), Dr Bondeson is responsible for all clinical and administrative operations related to Mental Health Services.

Brittany Bowman, Ph.D., Graduate Psychologist: Dr. Bowman received her Ph.D. in Clinical Psychology from Idaho State University in 2015, and her Master's degree in Clinical Psychology from Eastern Washington University in 2011. She completed her doctoral internship at the Boise VA Medical Center in 2015 and joined the Boise VAMC staff in July 2015. Dr. Bowman is currently conducting Compensation and Pension evaluations and providing telemental health services to Veterans within the VISN 20 region (Oregon, Idaho, Washington, and Alaska). Her primary research interests are related to PTSD, personality disorders, and mental health access within rural settings. Her primary clinical interests lie in ACT and other mindfulness-based interventions, integrated care, personality and cognitive assessment, and health psychology.

Adam Brotman, Psy.D., Integrated Care Team Staff Psychologist: Dr. Brotman earned his PsyD. in Clinical Psychology from Pacific University in 2008. He completed his doctoral internship at the Student Health and Counseling Center at Central Washington University, where he helped develop a holistic group therapy program to treat depression. He worked from 2008 through July 2011 as a staff psychologist at Atascadero State Hospital, a forensic inpatient psychiatric facility. In this position he helped develop a group treatment protocol based in cognitive therapy principles to treat psychotic symptoms. Dr. Brotman's professional and academic interests include stress management and lifestyle changes as essential aspects of treating illness, mindfulness-based interventions, and motivational interviewing.

Jamie Champion, Ph.D, Clinical Neuropsychologist: Dr. Champion received her Ph.D. in Clinical Psychology from Washington State University in 1997. She completed a doctoral internship at the University of Florida Health Sciences Center with specializations in neuropsychology and clinical health psychology. She completed a post-doctoral residency in rehabilitation psychology/neuropsychology at Northwest Occupational Medicine Center in Portland, Oregon. Dr. Champion also completed her postdoctoral M.S. in Clinical Psychopharmacology from Alliant International University. Her clinical, research, and training activities are in neuropsychology, rehabilitation psychology, and behavioral health. Dr. Champion is the designated psychologist for the Boise VAMC's Community Living Center (CLC) and Interdisciplinary Polytrauma team. Dr. Champion is a member of the Geriatric Extended Care Council.

Mandi F. Deitz, Ph.D., PTSD Program Manager: Dr. Deitz received her Ph.D. in Clinical Psychology from East Tennessee State University in 2014. She completed a doctoral internship at the Boise VA Medical Center in Boise, ID. She completed a post-doctoral residency with a specialization in posttraumatic stress disorder and polytrauma at the VA Salt Lake City Health Care System in Salt Lake City, Utah. Dr. Deitz currently manages both outpatient and residential PCT programs as well as provides individual and group therapy using evidenced-based trauma-focused treatment protocols (e.g., PE, CPT, ACT). She also holds a master's degree in clinical psychology from East Tennessee State University (2007) and a bachelor's degree in psychology from Western Carolina University (2005).

Brienne Dyer, Psy.D., Training Director, Clinical Neuropsychologist: Dr. Dyer obtained her Psy.D. in Clinical Psychology from Pacific University in 2010. She completed a doctoral internship at the Central Arkansas VA with emphases in neuropsychology and geropsychology, and a two year postdoctoral fellowship in neuropsychology/rehabilitation psychology at the University of Missouri – Columbia. She joined the Boise VA in 2012. Her primary clinical, research, and training interests include neuropsychology and rehabilitation psychology with Veterans with traumatic brain injury, epilepsy, chronic medical conditions, and PTSD. Dr. Dyer serves as the Training Director for the practicum, doctoral internship, and postdoctoral fellowship at the Boise VAMC.

Beth Fassig, Psy.D., Chief of Psychology: Dr. Fassig received her Psy.D. in Counseling Psychology with a minor in Statistics and Research Methods from the University of Northern Colorado in 2003. She completed a doctoral internship at the Denver VA Medical Center. Dr. Fassig joined the Boise VA Medical Center in 2004 and has contributed to the development of the Multidisciplinary Comprehensive Pain Team and associated Pain Management Program, Polytrauma Support Clinic Team, Integrated Post Combat Care Clinic (IPCCC), Primary Care-Behavioral Health Integration Team, and Compensated Work Therapy (CWT) Program. In conjunction with her participation in the VISN 20 Executive Development Program, Dr. Fassig has been the behavioral health representative in the Boise VA Medical Center's transition to the Patient-Centered Medical Home Model of care delivery. Dr. Fassig holds a clinical faculty position with the University of Washington Department of Psychiatry and Behavioral Sciences and provides psychotherapy supervision to psychiatry residents and supervises practicum, internship, and fellowship activities for graduate-level trainees.

Eric Everson, Ph.D., C&P and BHIP Psychologist: Dr. Everson received his Ph.D. in Counseling Psychology from Marquette University in 2013. He completed a doctoral internship at Utah State University's Counseling and Psychological Services, where he worked for an additional year after internship. Dr. Everson also worked in community mental health in Boise from 2013 to 2014, providing outpatient assessment and psychotherapy for children, adults, and families prior to joining the Boise VAMC in 2014. Dr. Everson's research interests include professional self-care, client and therapist experiences in psychotherapy, and therapist training and supervision. His clinical interests include individual, couples, and group psychotherapy. Dr. Everson currently conducts Compensation and Pension evaluations and participates as a team member of a Behavioral Health Interdisciplinary Program.

Jill Hedt, Ph.D., Acting National V-IMPACT PCMHI Co-Director: Dr. Hedt received her Ph.D. in Clinical Psychology from Idaho State University in 2006 and completed her doctoral internship at the Portland VAMC. Dr. Hedt's research and clinical interests include rural, telehealth, and interprofessional education and practice. Dr. Hedt holds a clinical faculty position with the University of Washington Department of Psychiatry and Behavioral Sciences. She is active in professional organizations and currently serves as Chair of Boise VAMC Research and Development Committee. Dr. Hedt is the Acting National V-IMPACT PCMHI Co-Director for a national telehealth program implementing PCMHI into medical centers and CBOCs throughout the nation.

Jana Hobson, Psy.D., C&P Psychologist: Dr. Hobson obtained her doctoral degree in Clinical Psychology from the Hawai'i School of Professional Psychology in Honolulu, Hawai'i in 2011. She completed her APA pre-doctoral internship at the Charles George Veterans Affairs Medical Center in Asheville, North Carolina where she worked with the military population in a variety of settings, including primary care, emergency department, inpatient unit, and the outpatient clinic. Her focus was the treatment of posttraumatic stress disorders, substance abuse, mood and anxiety disorders. Dr. Hobson completed her postdoctoral fellowship in Las Vegas, Nevada, while working with adolescents, adults, and couples. Dr. Hobson joined the Boise VAMC in 2015 and is working part time conducting compensation and pension examinations.

Autumn Keefer, Ph.D., Telehealth PCMHI Psychologist: Dr. Keefer earned her Ph.D. in Counseling Psychology from Indiana State University in 2003. She completed a doctoral internship at the Harry S. Truman VAMC in Columbia, Missouri, and a post-doctoral fellowship in clinical medical psychology at the Memphis VAMC. Prior to coming to the Boise VA in 2015 as a VISN 20 Virtual IMPACT PCMHI psychologist, Dr. Keefer was employed as a health psychologist in a regional medical center where she worked with patients and staff from various departments (oncology, neurology, cardiac rehab, hospice, behavioral health) and served as the health behavior coordinator at VA in Columbia, Missouri. Her clinical and research interests include primary care-mental health integration, prevention and health behavior change, and psychological adjustment to acute and chronic medical illness.

India King, Psy.D., Associate Director of Evaluation and Performance Improvement, Psychology Faculty at the Center of Excellence in Primary Care Education: Dr. King received her Psy.D. in Clinical Psychology with a focus in Health Psychology from Pacific University in 2014. She completed her

doctoral internship at the White River Junction VA in Vermont. In 2015, she completed her postdoctoral fellowship at the Boise VA, with a focus in integrated primary care at the Center of Excellence in Primary Care Education (CoEPCE). Following completion of her postdoctoral fellowship, she joined the Boise VA in 2015. As Associate Director for Evaluation and Psychology faculty, Dr. King works with the CoEPCE's interprofessional faculty focusing on the development and evaluation of team-based approaches to primary care and the integration of mental health into the curriculum of professions that receive training at the Boise VAMC. Her clinical and research interests include primary care psychology, chronic disease management, interprofessional teaching, shared-decision making and motivational interviewing.

Melissa Kremer, Psy.D., Posttraumatic Stress Disorder (PTSD) Telemental Health Provider: Dr. Kremer earned her PsyD. in Clinical Psychology from the Adler School of Professional Psychology in 2012, with a concentration with in trauma psychology. She completed her doctoral internship at the Boise VAMC. She helped develop the first civilian military psychology academic training program at the Adler School of Psychology. Her research, clinical interests and areas of expertise include trauma psychology, military psychology and evidence-based psychotherapies for PTSD and Telemental Health.

Craig Lodis, Ph.D., Telehealth Psychologist & BHIP Psychologist: Dr. Lodis received his Ph.D. in Clinical Psychology from the University of Maine in 2013. He completed his doctoral internship at the VA Pacific Islands Healthcare System in Honolulu, HI and went on to complete his Post-Doctoral Fellowship at the Boise VA Medical Center in Boise, Idaho. His research and clinical interests involve the interplay between physical and mental health, with a specific emphasis in the physiology and medical comorbidities associated with chronic PTSD. Following his Fellowship, Dr. Lodis joined the Boise VA full-time as a member of a VISN 20 pilot program that provides telemental health outpatient services to the pacific-northwest region. In addition the general mental health work that Dr. Lodis conducts with the Telehealth and BHIP teams he also supervises the ACT group that is co-facilitated by interns and offers a monthly ACT consultation group to all behavioral health staff.

Cody Maddox, Ph.D., Behavioral Health Pain Program Manager: Dr. Maddox received his Ph.D. in clinical psychology from Duquesne University in 2013. He completed his doctoral internship at Penn State Center for Counseling and Psychological Services. Dr. Maddox joined the Boise VA in 2013 and is a member of the Multidisciplinary Comprehensive Pain Team, the Integrated Spine Care Sub-Committee, and manages the BH Pain Management Program. Dr. Maddox's clinical interests include group and couples psychotherapy, psychodynamic psychotherapy, existential psychology, pain management, as well as personality assessment utilizing both objective and projective measures. His primary research interest is in process and outcome studies examining the efficacy of psychotherapy.

Ingrid McKie, Ph.D., Staff Psychologist: Dr. Jacobs earned her Ph.D. in Clinical Psychology from the University of Arkansas in 2008. She completed her doctoral internship at the University of Tennessee Professional Psychology Internship Consortium, where she worked in the PCT residential program at the Memphis VAMC. Subsequently, she worked as a postdoctoral fellow for two federally-funded grants, held by the National Center for PTSD and the Boston VA. She assisted in the development of prevention and treatment protocols for returning Veterans with comorbid PTSD and marital distress/domestic violence. Following a few years in private practice, where she continued to work closely with Veterans via her connection with the Arkansas National Guard Yellow Ribbon Program, she began working in the PCT and MST Clinics at the VA Healthcare System of the Ozarks in Fayetteville, Arkansas in 2011. Currently, Dr. Jacobs participates as a team member on the BHIP and Integrated Care Team. Her primary clinical and research interests include combat and interpersonal trauma, the effects of trauma on family systems, and factors of resiliency that are emphasized in the domain of positive psychology. Dr. Jacobs is the Boise VAMC Evidenced-Based Psychotherapy Coordinator.

Gregory W. Mondin, Ph.D., BSN, Home Based Primary Care Lead Psychologist: Dr. Mondin received his Ph.D. in Counseling Psychology from the University of Wisconsin-Madison in 1998. He completed a post-doctoral fellowship in Exercise, Sport and Counseling Psychology at The Ohio State University Sports and Family Medicine Center. He is currently the lead psychologist for the HBPC team, providing mental health prevention, assessment, treatment, management, and professional consultation services in the Veteran's residential setting. His research and clinical interests include approaches to anxiety and

stress management, adapting to lifestyle changes associated with aging and chronic illness, and mindfulness-based treatment of depression.

Danae Perez-Cahill, Ph.D., Integrated Care Team Leader: Dr. Perez-Cahill obtained her Ph.D. in Clinical Psychology from the University of Massachusetts, Amherst in 1998. She completed a doctoral internship and post-doctoral fellowship at Beth Israel Deaconess Medical Center (BIDMC), as well as a post-doctoral neuropsychology fellowship at Massachusetts Mental Health Center/ BIDMC. She worked for over 10 years in the Psychiatry Department and the Neurology Department at BIDMC, where she provided psychotherapy services and neuropsychological evaluations to a primarily Spanish-speaking population. Her clinical interests include primary care-mental health integration, neuropsychology, Latino mental health issues, and psychodynamic therapy. Dr. Perez-Cahill holds a clinical faculty position with the University of Washington Department of Psychiatry and Behavioral Sciences. She is currently the Program Manager for the Integrated Care Team, a multidisciplinary team that provides primary care-mental health integration and triage services for the Boise VAMC.

Greg Ranlett, Ph.D. ABPP, PTSD Clinical Team Staff Psychologist: Dr. Ranlett received his Ph.D. in Clinical Psychology from the California School of Professional Psychology at San Diego in 1995, after completing his internship at the Boston VA Medical Center. Dr. Ranlett completed a two-year post-doctoral fellowship in rehabilitation psychology and clinical neuropsychology at the National Rehabilitation Hospital in Washington, D.C. Dr. Ranlett worked as a staff psychologist at the Spokane VA Medical Center from 1998 to 2007, where he was coordinator of the Veterans Trauma Recovery Program. He transferred to the Boise VA Medical Center in 2007 in order to pursue research and clinical interests in Posttraumatic Stress Disorder and Resilience. Dr. Ranlett is board certified in Clinical Psychology.

Leigh Smithkors, Ph.D., Rural Health Clinical Team Lead (Caldwell): Dr. Sharma received her Ph.D. in Clinical Psychology from the University of Iowa in 2011 and completed her postdoctoral Fellowship in Substance Use Disorders at the North Florida/South Georgia VAMC in Gainesville, Florida. Dr. Sharma's research interests include the assessment and modeling of personality traits; she has several publications focused on the impulsogenic traits. Her clinical interests include assessment, group therapy and the third-wave behavioral therapies. Dr. Sharma joined the Boise VA after serving as an Assistant Professor of Psychology at Southern Polytechnic State University from 2012 to 2014.

Jeff Sordahl, Psy.D., Telehub Neuropsychologist: Dr. Sordahl obtained his Psy.D., in Clinical Psychology from George Fox University in 2013. He completed a doctoral internship at the Boise VA Medical Center with emphases in neuropsychology and integrated care. He completed a two year post-doctoral fellowship in neuropsychology with a minor in integrated care at the South Texas Veterans Health Care System. Dr. Sordahl joined the Boise VA in 2015. His primary clinical, research, and training interests include neuropsychology, rehabilitation, integrated care, and Acceptance Commitment Therapy. Dr. Sordahl is currently pursuing certification through the American Board of Professional Psychology (ABPP). He is an active member of the National Academy of Neuropsychology (NAN), the International Neuropsychological Society (INS), and Division 40 of the APA.

Ami Student, Psy.D., Primary Care Telehealth Psychologist: Dr. Student obtained his Psy.D. in Clinical Psychology from the PGSP-Stanford Psy.D. Consortium in 2013. He completed his doctoral internship at the Boise VA Medical Center, and went on to complete a postdoctoral fellowship in primary care psychology at the San Francisco VA Medical Center. At both sites Dr. Student trained extensively in primary care-mental health integration (PC-MHI) through the VA's Centers of Excellence in Primary Care Education. His clinical and research interests include PC-MHI, chronic pain management, living with HIV, the health effects of illness stigma, care for sexual and gender minorities, and Acceptance and Commitment Therapy. Dr. Student works as a member of the VISN 20 Primary Care Telehealth Hub, providing PC-MHI services to rural Veterans through telehealth technologies.

Trainees:

Graduate Programs of Interns:

2011-2012

University of North Texas
Adler University
Brigham Young University

2012-2013

Alliant University/California School of Professional Psychology, San Francisco
Pacific Graduate School of Psychology, Stanford Consortium
George Fox University

2013-2014

George Fox University
East Tennessee State University
Our Lady of the Lake University

2014-2015

Pacific Graduate School of Psychology
Idaho State University
Adler University

2015-2016

George Fox University
Pacific Graduate School of Psychology
Fielding Graduate University
University of Northern Colorado

2016-2017

Pacific Graduate School of Psychology
University of Montana
Adler University
University of Anchorage

Placement of Former Interns:

Boise VA Medical Center (x4)
VA Puget Sound Health Care System- American Lake
Dallas VA Health Care Center
Togus VA Medical Center
San Francisco VA Medical Center (x3)
South Texas Veterans Health Care System
VA Salt Lake City Health Care System
VA Health Care Center at Harlingen
Phoenix VA Medical Center
Dartmouth College
Providence Medical Group
VA Pittsburgh Healthcare System

Local Information

For further information on local culture, arts and recreational activities please see attached website.

Chamber of Commerce:

<http://www.boisechamber.org/cwt/external/wcpages/>

****The information in this brochure is updated annually and current as of Summer 2016.**